

# State of Delaware

## Group Health Insurance Program

### Double State Share Rates Effective January 1, 2018

**Please note:** The specific premiums (rates) referenced in this document apply to DSS eligible State of Delaware employees and non-Medicare Pensioners. Flex credits offered to school district or charter school employees to reduce their employee premiums for health care are not reflected in this information. Please see your HR/Benefits Office for information about your flex credits. DSS eligible employees of the University of Delaware, Delaware Transit Corporation, Delaware Solid Waste Authority and Delaware State Housing Authority should contact their HR/Benefits Office within their organization for DSS premium information.

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
<b>Highmark Delaware First State Basic PPO Plan</b>			
Employee	\$695.36	\$670.36	\$25.00
Employee & Spouse	\$1,438.68	\$1,409.92	\$28.76
Employee & Child(ren)	\$1,057.02	\$1,032.02	\$25.00
Family	\$1,798.42	\$1,762.46	\$35.96
<b>Aetna CDH Gold Plan</b>			
Employee	\$719.68	\$694.68	\$25.00
Employee & Spouse	\$1,492.22	\$1,454.94	\$37.28
Employee & Child(ren)	\$1,099.56	\$1,072.08	\$27.48
Family	\$1,895.74	\$1,848.36	\$47.38
<b>Aetna HMO Plan</b>			
Employee	\$725.94	\$700.94	\$25.00
Employee & Spouse	\$1,530.58	\$1,480.84	\$49.74
Employee & Child(ren)	\$1,110.52	\$1,074.44	\$36.08
Family	\$1,909.82	\$1,847.76	\$62.06
<b>Highmark Delaware Comprehensive PPO Plan</b>			
Employee	\$793.86	\$741.28	\$52.58
Employee & Spouse	\$1,647.34	\$1,538.22	\$109.12
Employee & Child(ren)	\$1,223.46	\$1,142.42	\$81.04
Family	\$2,059.40	\$1,922.98	\$136.42
<b>Highmark Delaware Medicare Supplement for Pensioners Retired On or Prior to July 1, 2012</b>			
Special Medicfill with Prescription	\$459.38	\$459.38	
Special Medicfill <b>without</b> Prescription*	\$260.44	\$260.44	
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			
<b>Highmark Delaware Medicare Supplement for Pensioners Retired After July 1, 2012</b>			
Special Medicfill with Prescription	\$459.38	\$436.42	\$22.96
Special Medicfill <b>without</b> Prescription*	\$260.44	\$247.44	\$13.00
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			